09426 MARYLAND STATE DEPARTMENT OF HEALTH 09427

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9, FilmG172 11-5-54 et

1. PLACE OF DEATH: COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garr. G. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland X
STREET ADDRESS 3rd St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HURLEY (Middle) S (Last) BLAMBLE

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed — 8. DATE OF BIRTH: Nov. 8-1882 — 9. AGE last birthday: 71 1/2 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER. — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): HARMON W. VA. — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: GEORGE BLAMBLE.

14. MOTHER'S MAIDEN NAME: JOANNA SWEITZER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. LAVONA FREEBERG.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular Accident — Interval Between Onset and Death: 3 days

4438 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1954, to 10-17, 1954, that I last saw the deceased alive on 10/17, 1954, and that death occurred at 5:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas J. Leahy M. D. Oakland, Md. 10/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct-20-1954 — NAME OF CEMETERY OR CREMATORY: RED HOUSE — LOCATION (City, town, or county) (State): RED HOUSE MD.

DATE REC'D BY LOCAL REG. 10/20/1954 — REGISTRAR'S SIGNATURE: Julia A. Rowan LR

24. FUNERAL DIRECTOR — ADDRESS: Emrey Bolton OAKLAND MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10453

09427

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Deer Park, Md
COUNTY Garrett STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
LENGTH OF STAY (in this place) 59 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: Deer Park, Md
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
STREET ADDRESS (If rural give location) 5 mi. south of Deer Park

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Catherine (Last) Collins

4. DATE OF DEATH: (Month) Oct (Day) 29, (Year) 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 13, 1895

9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Garrett Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Paugh

14. MOTHER'S MAIDEN NAME: Catherine Ellen Tasker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT & ADDRESS: Robert Collins, Deer Park, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the lungs with — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) generalized metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Oct 29, 1954, that I last saw the deceased alive on Oct. 29, 1954, and that death occurred at 8,15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph Collins M.D. — ADDRESS Keedysville Md — DATE SIGNED Nov 1-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF Oct. 31, 54 — NAME OF CEMETERY OR CREMATORY Short Run cemetery — LOCATION (City, town, or county) (State) Garrett County Md.

DATE REC'D BY LOCAL REGISTRAR 11/2/54 — REGISTRAR'S SIGNATURE Julia Rowan LR

24. FUNERAL DIRECTOR Hubert C. Leighton — ADDRESS Oakland, Md.

VS. A15

RECEIVED
NOV 29 1954
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09428

09428

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK X MD.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK X MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) MARGARET (Middle) YOUNG (Last) DAWSON.
(Type or Print) BLACK

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: JULY-6-1865

9. AGE Last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): BEDFORD Co. PA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: DAVID A.T. BLACK.

14. MOTHER'S MAIDEN NAME: MARGARET Young FATZINGER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: WALTER DAWSON. OAKLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 4 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Hemorrhage — 6 weeks

DUE TO

(c) Arteriosclerosis — 8 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 19 46, to Oct. 22, 19 54, that I last saw the deceased alive on Oct. 21, 19 54, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lee Mance MD Oakland Md 23 Oct 54

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: Oct. 25-1954

NAME OF CEMETERY OR CREMATORY: FORT LINCOLN

LOCATION (City, town, or county) (State): WASHINGTON. D.C.

DATE REC'D BY LOCAL REG. 10/23/54

REGISTRAR'S SIGNATURE: Julia L Brown

24. FUNERAL DIRECTOR: Emory D Bolden Oakland (ADDRESS) Md

RECEIVED
OCT 29 1954
BUREAU V. S.

12086

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 166

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, near Friendsville | LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural, near Friendsville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Patrica (Middle) Ann (Last) DeWitt

4. DATE OF DEATH (Month) (Day) (Year) Approx. Oct. 7 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: July 7, 1954 | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ervin, W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert DeWitt
14. MOTHER'S MAIDEN NAME: Madeline Rechard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Madeline DeWitt, Friendsville,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 795.3

Immediate cause (a) Cause undetermined (Skeletal remains found) 2/7/55
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. Undetermined
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE L. J. Baumgartner M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb. 9, 1955
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) (State) near McHenry, Md.

DATE REC'D BY LOCAL REG. 2/8/55
REGISTRAR'S SIGNATURE Julia A. Romer
24. FUNERAL DIRECTOR Emroy Boldin
ADDRESS Oakland, Md.

9V7497K9 1V LR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 15 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09429

09429 CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland X
LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home 66

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mountain Lake Park X
STREET ADDRESS (If rural give location) "N" Street

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) O. (Last) Fouch

4. DATE OF DEATH: (Month) October (Day) 10, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 7, 1869

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Telegrapher

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Brownsville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Fouch

14. MOTHER'S MAIDEN NAME: Matilda (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mr. Walter Dawson, Oakland, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular Accident — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio-sclerotic disease — 2 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1954, to 10 Oct, 1954, that I last saw the deceased alive on 7 Oct, 1954, and that death occurred at 9:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J Cushing M.D.
ADDRESS Oakland Md
DATE SIGNED 12 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 13, 1954
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR 10/13/1954
REGISTRAR'S SIGNATURE Julia A. Rowan LR

24. FUNERAL DIRECTOR H. C. Leighton
ADDRESS Oakland Md

VS. A15

RECEIVED
OCT 29 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09430

2411 N. Charles Street, Baltimore

10458

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

1. PLACE OF DEATH: COUNTY GARRETT — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TERRA ALTA
STREET ADDRESS (If rural, give location) ROUTE # 2.

3. NAME OF DECEASED (Type or Print): (First) ELIJAH (Middle) "F" (Last) FRANTZ

4. DATE OF DEATH: (Month) OCTOBER (Day) 31, (Year) 195[illegible].

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 26, 1871

9. AGE last birthday: 82 yrs. — If under 1 year: Months 10 — If under 24 hrs.: Days 5, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBERMAN

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): FRIENDSVILLE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. FRANTZ

14. MOTHER'S MAIDEN NAME: ELIZAH JANE FIKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 235-22-5116

17. INFORMANT: MR. CHARLES FRANTZ, TERRA ALTA, W.V.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Urinary retate retention (prostatic) with Juremia. — Interval between onset and death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary pathology, Chronic, type undiagnosed. — many yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1954, to Oct. 31, 1954, that I last saw the deceased alive on Oct. 31, 1954, and that death occurred at 1:25 P. m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (Degree or title) M.D. ADDRESS Oakland Md. DATE SIGNED Oct. 31, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial — DATE: Nov. 2, 1954 — NAME OF CEMETERY OR CREMATORY: Terra Alta Cemetery — LOCATION (City, town, or county) (State): Terra Alta, Preston County W. Va.

DATE REC'D BY LOCAL REG. Nov 2-1954 — REGISTRAR'S SIGNATURE: Julia A Rowan LR

24. FUNERAL DIRECTOR — ADDRESS: Allkahon, Terra Alta, W. Va.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09431 09430

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct name especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Garett | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville | LENGTH OF STAY (in this place): 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) -- (Last) Garlitz
4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	1-2-1876	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Rural Frostburg Md
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Armon Fazenbaker
14. MOTHER'S MAIDEN NAME: Jane Gould

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: James Garlitz. Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	2 hours
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

PART I: FATAL CAUSE WAS ACCIDENTAL OR CONTRIBUTING CAUSE OF DEATH | PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED: While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: L. D. Dawn (Degree or title) MD ADDRESS: Oakland Md DATE SIGNED: Oct 20-1954

DISPOSITION (Burial, Cremation, etc.)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Burial	10-21-1954	Blocher	Rural Frostburg Md

DATE RECEIVED BY LOCAL REGISTRAR: Oct 20 54 | REGISTRAR'S SIGNATURE: Ethel Broadwater | 21. FUNERAL DIRECTOR: Wm Winebrenner | ADDRESS: Grantsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11536

09432 CERTIFICATE OF DEATH Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alder Street (At Home)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland,
STREET ADDRESS (If rural give location) Alder Street.

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Gladys (Bonner) (Last) Graves

4. DATE OF DEATH: (Month) Oct, (Day) 23, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov-20-1908

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Checker in Laundry, at

10b. KIND OF BUSINESS OR INDUSTRY: Hopemont, W.VA.

11. BIRTHPLACE (State or foreign country): Randolph Co. W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emory Bonner

14. MOTHER'S MAIDEN NAME: Sarah Wade

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 223-30-6038

17. INFORMANT & ADDRESS: Wilmer Graves, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast (left) with

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Metastases to chest + abdomen

DUE TO (c)

Interval Between Onset And Death: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adrenal Hyperplasia ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5/ 19 54, to 10/23/ 19 54, that I last saw the deceased alive on 10/23/ 19 54, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 10/26/54 NAME OF CEMETERY OR CREMATORY Oakland Cemetery LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR 10/26/54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

[illegible]
[illegible] 1954
[illegible] V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09431

09433

CERTIFICATE OF DEATH

Reg. Dist. No. 16

Item 8, FilmG172 11-5-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) RUTHFORD (Last) KELLER.

4. DATE OF DEATH: (Month) OCT. (Day) 11 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC. - 1 - 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AGRICULTURIST.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ACCIDENT. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JACOB KELLER.

14. MOTHER'S MAIDEN NAME: CAROLYN BOYER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-7493

17. INFORMANT & ADDRESS: PAUL KELLER. OAKLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia, terminal	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral hemorrhage	6 weeks
	DUE TO (c) Arteriosclerosis	8 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1954, to Oct. 11, 1954, that I last saw the deceased alive on Oct. 11, 1954, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Oct. 12 1954

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: Oct. - 13 - 1954

NAME OF CEMETERY OR CREMATORY: HOYES

LOCATION (City, town, or county) (State): HOYES MARYLAND.

DATE REC'D BY LOCAL REG. Oct 13 54

REGISTRAR'S SIGNATURE Julia A Hoyer

24. FUNERAL DIRECTOR ADDRESS: Emroy Boldin OAKLAND. MD.

MARYLAND STATE DEPARTMENT OF HEALTH

09434

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09432

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg - Rural — LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS "Long Stretch"

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg - Rural Route
STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AUGUST	FREDERICK	KREIP	Oct	18	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Marr.	9/30/92	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Coal Miner	Coal Mines	Germany	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	216-03-4730	Mrs Lavina Kreip

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	?
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Thomas L. Lusby M.D.	Oakland, Md	18 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 21, 1954	Frostburg Mem. Park	Frostburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 20 1954	Mrs. Julia T. Michael	John J. Hafer,	Cumberland, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the words of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09433

09435 CERTIFICATE OF DEATH Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Grantsville
LENGTH OF STAY (in this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Grantsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) MonrO (Last) Kunkel

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: 12-10-1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Tavern Keeper

11. BIRTHPLACE (State or foreign country): Latrobe Westmorland-Co-Pa- U.S.A

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reuben Kunkel

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 1410 Warrner St Clyde Kunkel- Pittsburgh 23 Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease

DUE TO (c) Generalized arteriosclerosis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1954 to Oct 1954, that I last saw the deceased alive on Sept 1954, and that death occurred at 10-23-54 9:00 P.M., from the causes and on the date stated above.

SIGNATURE John A Mitchell Jr MD (Degree or title) ADDRESS Salisbury Pa DATE SIGNED 10-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-27-1954

NAME OF CEMETERY OR CREMATORY Union Dale No 3

LOCATION (City, town, or county) (State) North Side Pittsburgh Pa

DATE REC'D BY LOCAL REGISTRAR 10/26/54

REGISTRAR'S SIGNATURE Esther Broadwater

24. FUNERAL DIRECTOR Wm Winterberg

ADDRESS Grantsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09434

09436 CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY GRANT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GORMANIA
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DONNA LYNN (Middle) MC ROBIE (Last)

4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 1954

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: SEPT. 9, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NE. BORN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? YES

13. FATHER'S NAME: MC ROBIE, OLIVER DALE

14. MOTHER'S MAIDEN NAME: FUNK, MARY BELLE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MR. OLIVER MC ROBIE, GORMANIA, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity - cause unknown DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (wt. about 2-4 at death) DUE TO

(c)

Interval Between Onset And Death: Life

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Upper Respiratory Infection — 1 day

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1954, to Oct 15, 1954 that I last saw the deceased alive on Oct 14, 1954, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas D. Lusby M.D. Oakland and 10/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

BURIAL Oct-16-1954 FERNDALE NEAR OAKLAND MD

DATE REC'D BY LOCAL REGISTRAR 10-16-1954 REGISTRAR'S SIGNATURE Wm C Rowan LR

24. FUNERAL DIRECTOR ADDRESS

Emroy Boldin OAKLAND MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09435

09437 CERTIFICATE OF DEATH

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA — COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUZZART
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) (Last) MILLER

4. DATE OF DEATH: (Month) OCT. (Day) 7 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 14, 1884

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MILLER, EDMIN

14. MOTHER'S MAIDEN NAME: RODEHEAVER, FLICIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MR. HENRY MILLER, CUZZART, WEST VIRGINIA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Myocardial Infarction	24 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Sclerotic Heart Disease & Hypertension	10 yrs
DUE TO	(c) Diabetes Mellitus	8 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6 ....,19 57, to 10-7 ....., 19 57..., that I last saw the deceased alive on 10-7 ..., 19 57, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Glenn W. Dexter M.D. 58 and St. Oakland, Md 10-7-57

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Oct 9 54 — NAME OF CEMETERY OR CREMATORY Cuzzart — LOCATION (City, town, or county) (State) Cuzzart W Va

DATE REC'D BY LOCAL REGISTRAR 10-9-54 — REGISTRAR'S SIGNATURE Lewis Howard

24. FUNERAL DIRECTOR A F Collins — ADDRESS Terra Alta W Va

VS. A15

09436

09438

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING — Supply every item of information carefully. Type or write plainly, with unfading ink. Especially important: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS /

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Knapps Meadow

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Margaret	Sue	Miller	October 31 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	Feb. 17 1934	20 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garment Factory
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lonaconing
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Miller
14. MOTHER'S MAIDEN NAME: Leath Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 217-30-2011
17. INFORMANT AND ADDRESS: Mr. Edward Miller (Father)

18. MEDICAL CERTIFICATION — Lonaconing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Base Portion of Skull

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushing Injuries Left Chest

(c) Multiple Traumatic Emphysema

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE — PLACE OF INJURY (Home, farm, factory, street, office building, etc.): Route 40 — (CITY OR TOWN): New Germany — (COUNTY): Garrett — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 31 1954 3:30 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Car turned Over

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence so had said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: E. K. Baumgartner M.D. — (Degree or title) — ADDRESS: Oakland Md. — DATE SIGNED: Oct 31 1954

DISPOSITION (Burial, Cremation, etc.)	DATE OF BURIAL	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 3 1954	Laurel Hill Cemetery	Moscow, Md.

DATE RECEIVED BY LOCAL REGISTRAR: Nov. 1-54 — REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR — ADDRESS: George Eichhorn, Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09439

10460

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and complete answering of all questions is generally important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland - Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deep Creek Lake

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland - Rural
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print): (First) ELINOR (Middle) Lois Schlossnagle (Last) MOON

4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: SEPT. - 24 - 1928

9. AGE last birthday: 26 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): OAKLAND MD

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: WALTER SCHLOSSNAGLE

14. MOTHER'S MAIDEN NAME: PEARL SWIRES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: EDWARD MOON. OAKLAND MD RT-2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

E95X

Immediate cause (a) Suicide by Drowning — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Extreme Nervousness - N.P.?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. WAS INJURY: PRIMARY ✓ OR CONTRIBUTING ☐ TO CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.): Lake

(CITY OR TOWN) Oakland (COUNTY) Garrett (STATE) Md.

TIME OF INJURY: (Month) Oct (Day) 18/54 (Year) (Hour) 7 AM

INJURY OCCURRED: While at work ☐ Not while at work ✓

HOW DID INJURY OCCUR? Jumped in from Glendale Bridge?

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and from my knowledge, said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ✓, homicide ☐, undetermined ☐.

SIGNATURE: Thomas D. Lusby (Degree or title) M.D. ADDRESS: Oakland, Md DATE SIGNED: 10/20/54

DISPOSITION: BURIAL (Specify) | DATE INTERRED: Oct. - 21 - 1954 | NAME OF CEMETERY OR CREMATORY: MAPLE SPRINGS | LOCATION (City, town, or county): EGLON | (State) W Va.

DATE FILED BY LOCAL REGISTRAR: 10/21/54 | REGISTRAR'S SIGNATURE: Mae L Lowery

26. FUNERAL DIRECTOR: Emroy Boden | ADDRESS: Oakland, Md

20

RECEIVED
NOV 30 19
BUREAU V. S.

09437

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09440 CERTIFICATE OF DEATH

Reg. Dist. No. 166

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY GARRETT. MD. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK. X

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY GARRETT.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK. MD.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) C. Harvey (Last) MOON

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1954.

5. SEX: FEMALE

6. COLOR OR RACE: WHITE.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED.

8. DATE OF BIRTH: JAN-27-1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEAR MT. LAKE PARK.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: ELISHA HARVEY.

14. MOTHER'S MAIDEN NAME: SOPHRONIA THOMPSON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS PAUL CALHOUN MT LAKE PARK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Sclerotic Cardio-Vascular-Renal Disease	15 yrs
	DUE TO	
	(c) Diabetes Mellitus	15 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954, to Oct. 11, 1954, that I last saw the deceased alive on Oct. 11, 1954, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John H. Dinsmore M.D. 58 2nd St. Oakland, Md Oct 18th 1954

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF Oct. 15-1954

NAME OF CEMETERY OR CREMATORY MOON.

LOCATION (City, town, or county) (State) NEAR MT. LAKE PARK. MD.

DATE REC'D BY LOCAL REG. Oct 15 1954

REGISTRAR'S SIGNATURE J. Wm. Howard

24. FUNERAL DIRECTOR Emray Bolden ADDRESS OAKLAND. MD.

LR

OCT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9439)

09441

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1 PLACE OF DEATH:

COUNTY Garett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Jennings

LENGTH OF STAY (in this place) 40 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Jennings Md

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sara (Middle) Lavina (Last) Stark

4. DATE OF DEATH: (Month) 10 (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 10-7-1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Rural Bittinger Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Detrick

14. MOTHER'S MAIDEN NAME: Margret Bittinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Clyde Stark, R.D.2, Grantsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease

DUE TO (c)

Interval Between Onset And Death: 2 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Oct, 1954, that I last saw the deceased alive on Sept 22, 1954, and that death occurred at 12: noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) John T. Mitchell, Jr M.D. ADDRESS Salisbury Pa. DATE SIGNED 10-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-11-54

NAME OF CEMETERY OR CREMATORY Bittinger

LOCATION (City, town, or county) (State) Bittinger Md

DATE REC'D BY LOCAL REGISTRAR 10-9-54

REGISTRAR'S SIGNATURE Esther Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09442

10467

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Oakland
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Lake Park Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
STREET ADDRESS (If rural, give location): Mt. Lake Park Road

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Florence X (Hardesty) (Last) Stockman

4. DATE OF DEATH: (Month) Oct. (Day) 27, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 21, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 4, Days 8; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Terra Alta, West Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Elijah Hardesty

14. MOTHER'S MAIDEN NAME: Harriet Bucklew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Edward P. Stockman, Oakland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchio Pneumonia Terminal	4 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Hemorrhage	1 year
	DUE TO (c) Arteriosclerosis	4 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1946, to Oct 27, 1954, that I last saw the deceased alive on Oct. 12, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
R E Chance Jr M. D. Oakland, Maryland. 10-29-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	Oct 29 1954	Terra Alta Cemetery	Terra Alta, W. Va.

DATE REC'D BY LOCAL REG. 10/29/54

REGISTRAR'S SIGNATURE Julia A Brown L.R.

24. FUNERAL DIRECTOR P. Allman ADDRESS Terra Alta, W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09443 **CERTIFICATE OF DEATH** Reg. Dist. No. 09440

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland; LENGTH OF STAY (in this place) 15 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry Run Road Deep Creek Lake

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Wade

4. DATE OF DEATH: (Month) October (Day) 5, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 1, 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Neiderdt

14. MOTHER'S MAIDEN NAME: Mary Jane Lawton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Mrs. George A. Brunson Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intussusception — Interval Between Onset And Death: 4 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Liver (Primary ?) — 1 yr.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 19 57, to 9-30, 19 57, that I last saw the deceased alive on 6-26, 19 57, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE Hem H. Davis (Degree or title) M.D. ADDRESS 5 Locust Oakland, Md. DATE SIGNED 10-5-54

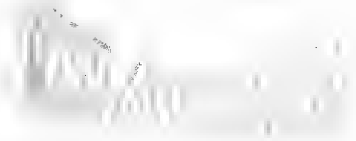
23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 10/8/1954 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) Anne Arundel Co., Md.

DATE REC'D BY LOCAL REGISTRAR 10/7/54 REGISTRAR'S SIGNATURE Julia T. Bowman L.R.

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

C. M. Waltz, Jr. Winfield, Md.

VS. A15



09444 09441

Happened on Rail Road between Terra alta W. Va + Wilson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Railroad - B & O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Lake Park; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ORLANDO (Middle) CARTER (Last) WELCH

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marr.

8. DATE OF BIRTH: 3-29-01

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Hoyes MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: SAMUEL WELCH

14. MOTHER'S MAIDEN NAME: MARGARET MOSSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-22-6437

17. INFORMANT: Mrs Orlando C. Welch, Mt Lake Park. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF ~~OPERATION~~ autopsy as noted above

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas J Lusby M.D. (Acting Examiner) Oakland, Md 16 Oct 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: Oct.-19-1954

NAME OF CEMETERY OR CREMATORY: OAKLAND

LOCATION (City, or county) (State): OAKLAND MD.

DATE RECD BY LOCAL REG. 19-1954

REGISTRAR'S SIGNATURE: Julia C Lowman

24. FUNERAL DIRECTOR: Emory Bolden ADDRESS: OAKLAND MD

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

0945 MARYLAND STATE DEPARTMENT OF HEALTH 10469

2411 N. Charles Street, Baltimore

Dec - 3,13:G 213 4/3 57

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Items 13,14 Film 174 12-13-54 et

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND / LENGTH OF STAY (in this place) 12 hrs. 15 min.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TERRA ALTA
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location) 417 WEST STATE STREET

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LILLIE	-IDA-Irene	WOLFE	OCT.	29	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	6/5/1869	85 yrs.			12	15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		WEST VIRGINIA	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
~~John~~ Barnes Jacob Poter	Sarah Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		MR. A. F. COLLINS, TERRA ALTA W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorrhage, extensive, due to	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterioscle osis with Hypertension causing	20 years
(c) Cardio-renal-vasmular disease	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1954, to Oct 29, 1954, that I last saw the deceased alive on Oct 29, 1954, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles E Smith	M.D.	Terra Alta W Va	Oct 29/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 1.54	Terra Alta	Terra Alta, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 1/54	Julia A Rowan Local	A. F. Collins	Terra Alta W.Va.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09442

09446

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY GARRETT COUNTY — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) OAKLAND X

LENGTH OF STAY (in this place) 1 HR 33 MIN.

HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND X

STREET ADDRESS (If rural give location) ROUTE# 2

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	BABY	BOY	YODER		10-	5	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	SINGLE	10-5-54	yrs.			1	33

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		OAKLAND, MARYLAND	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
YODER, ALFRED	ZOOK AMELIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
N			YODER, ALFRED, ROUTE # 2, OAKLAND, MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1½ HOURS 3 MINUTES

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5 Oct, 1954, to 5 Oct, 1954, that I last saw the deceased alive on 5 Oct, 1954, and that death occurred at 3:44 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. E. Mance	MD	Oakland Md	6 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 6, 1954	Noah Lichty Cemetery	near Gortner

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 6-1954	Helen K. Rowan	Emroy Bolden	Oakland Md

2004351271

RECEIVED
OCT 29 1954
BUREAU V. S